

**NWX-DISEASE CONTROL & PREVENTI (US)**

**Moderator: Dale Babcock  
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1:30 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the Q&A session, if you'd like to ask a question, you may press star 1 on your phone. Today's conference is being recorded. If you have any objections, please disconnect at this time. And now I'd like to turn the meeting over to Miss Elizabeth Kalayil . You may begin.

(Elizabeth): Thank you. Welcome to the healthcare safety component training session (unintelligible) actuation summary of the healthcare personnel vaccination module. My name is (Elizabeth Kalayil, and I work as a contractor in the Immunizations Services Division at CDC. I'll be presenting information during the first part of the Webinar.

This presentation will cover several topics. The first objective is to provide an overview of the national healthcare safety network or NHSN, and the healthcare personnel vaccination module. This is where users will enter data for the healthcare personnel influenza vaccination summary. The steps on how to get started in the healthcare personnel safety component will then be

reviewed along with the surveillance and reporting requirements for the module and the data reporting forms that facilities will need to use.

The last segment of the presentation will briefly outline data analysis features. But, first let's briefly cover some background information on NHSN; NHSN is a secure Internet based surveillance system managed by the Centers for Disease Control and Prevention, Division of Healthcare Quality Promotion.

The purposes of NHSN are to collect data from a sample of healthcare facilities to permit valid estimations of the magnitude of adverse events and adherence to practices to prevent adverse events. NHSN also analyses and reports the data collected to permit recognition of trends and provides facilities with data that can be used for inner facility comparisons and local quality improvement activities.

NHSN also enables healthcare facilities to use the system to report healthcare associated infections and prevention practice adherence data to the Centers for Medicare and Medicaid Services (or CMS) to fulfill CMS's quality measure reporting for those data. A comprehensive list of purposes can be found using the Web site link that's listed on this slide.

Assurance of confidentiality is provided by the public health service act. NHSN takes confidentiality very seriously and makes every effort to protect all facilities that participate. NHSN is divided into five components: patient safety, healthcare personnel safety, biovigilance, long-term care facility, and dialysis. Each component can have its own modules.

Outpatient dialysis facilities can only participate in the dialysis component or the the Healthcare Personnel Safety Component. Please note that there is a patient level influenza vaccination surveillance option in the dialysis

component with an entirely separate protocol. This training is focusing on the healthcare personnel safety component and this consists of two modules. It's the healthcare personnel vaccination module and the healthcare personnel exposure module.

As shown on the previous flow chart, there are two modules within the healthcare personnel safety component. The influenza vaccination summary is located within the healthcare personnel vaccination module. Staff members in the healthcare facilities can use the influenza vaccination summary to monitor influenza vaccination percentages among healthcare personnel.

The summary level reporting replaces individual level reporting of vaccination status for healthcare personnel, which was previously available through NHSN. Now we'll go over some of the basic elements of the healthcare personnel influenza vaccination summary. Healthcare facilities can use the healthcare personnel vaccination module within NHSN to enter healthcare personnel vaccination summary data.

It is designed to ensure that healthcare personnel influenza vaccination reported coverage is both consistent over time within a single healthcare facility and also comparable across facilities. Using NHSN reporting requirements to monitor influenza vaccination among healthcare personnel may also result in increased influenza vaccination uptake among healthcare personnel.

Those improvements in tracking and reporting healthcare personnel influenza vaccination status will allow healthcare institutions to better identify and target unvaccinated healthcare personnel. Increased influenza vaccination coverage among healthcare personnel is expected to result in reduced morbidity and mortality related to influenza virus infection.

Data are collected on the number of healthcare personnel physically working at the healthcare facility, or what we call the denominator. To be included in the denominator, healthcare personnel must be physically present in the facility for at least one working day between October 1 through March 31. This includes both full-time and part-time healthcare personnel.

There are three required denominator categories, employees, licensed independent practitioners, and adults, students, trainees and volunteers. Facilities are required to collect data on the number of healthcare personnel who received influenza vaccinations, medical contraindications, declined vaccination, or had an unknown vaccination status. This is called numerator data.

Each facility must report all numerator categories for the three required denominator categories. The next slides provide an overview on how to get started in the healthcare personnel vaccination module. Now, we'll talk about how to use the healthcare personnel safety component. First, we'll go over some key roles in NHSN.

The facility administrator is a person enrolling the facility in NHSN and can activate additional components for a facility, has add, edit, delete rights to facility data users and users access, has the authority to nominator joined groups for data sharing, and can re-assign the role of facility administrator to another user.

There can only be one facility administrator per facility. Users have the ability to view, enter, and analyze data. But, these rights are determined by the facility administrator, or another user with administrative rights. For facilities to participate in the healthcare personnel safety component, they must either

enroll in NHSN or activate the healthcare personnel safety component in NHSN.

Enrollment in NHSN is required for facilities that are currently not participating in NHSN but wish to participate. Please follow the link on this slide for more information on enrollment. During the enrollment process thousands of facilities may choose to participate in either or both the dialysis component and the healthcare personnel safety component.

If a facility is already enrolled in NHSN and wishes to participate in the healthcare personnel safety component, the facility must activate the component in NHSN. If your facility is not enrolled in NHSN, you must designate an individual to be your NHSN facility administrator and then complete the five-step enrollment process.

If your facility is already enrolled in NHSN, you must get in contact with your NHSN facility administrator and ask him or her to activate the component. If you are unsure of your facility's status within NHSN, please email [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for more information. To activate the healthcare personnel safety component, the facility administrator logs into the secure access management services or SAMS. .

Please note that only the NHSN facility administrator can activate a new component. Next, click on NHSN reporting for the SAMS login page. From the homepage, the facility administrator will select add/edit components under the facility tab. Next, the facility administrator will check the healthcare personnel safety component box.

The facility administrator can then add the name, phone, email, and address for this person so that he or she can be reached if CDC or NHSN has updates

or questions about the healthcare personnel safety component. The facility administrator can then add the primary contact within NHSN and they can also add the primary contact as a user.

The facility administrator should click users on the navigation bar and then click add. Next, the facility administrator should complete the mandatory fields for add-user screen, which consists of the user ID, first name, last name, and email address. Other users can be added by the facility administrator or the new healthcare personnel safety component primary contact.

The facility administrator should also make sure that at least one healthcare personnel safety component user has the administrative rights and in general this should be about the healthcare personnel safety component primary contact. Users with administrative rights will be able to add additional healthcare personnel safety component users and also share data using the group function for the component.

The edit user rights screen should appear after you've saved the new user information. The user with administrator rights can then select the level of rights to confer to the user. This step must be completed for new users to have access to any system features within the healthcare personnel safety component. Please be sure to confer the proper rights to the users.

New users to NHSN must register with SAMS and will automatically receive an invitation to SAMS after being added as a new user to the NHSN facility. After receiving an invitation to register, individuals will need to complete and submit identity verification documents to the CDC. You'll receive confirmation once these documents are approved and a SAMS grid card will be delivered to your home address.

You will then be able to access NHSN using your SAMS credentials. You can find information about the SAMS process using the link that's listed on this slide. So now we'll review the specific reporting requirements for the healthcare personnel influenza vaccination summary. The healthcare personnel influenza vaccination summary protocol provides guidance for a facility to collect and report influenza vaccination summary data for the healthcare personnel vaccination module.

It includes comprehensive information about reporting requirements and specifications such as numerator and denominator categories, methodology, data analyses, and key terms. Each facility should thoroughly review the protocol before collecting and entering data in NHSN.

As mentioned previously, there are three required denominator categories.

One category consists of employees, while the other two categories consist of non-employees. One non-employee category is licensed independent practitioners, and the other non-employee category includes adult students, trainees, and volunteers. To be included in the denominator, all healthcare personnel must be physically present in the facility for at least one working day during the reporting period.

And this is between October 1 through March 31. This slide shows the top portion of the healthcare personnel influenza vaccination summary form. And this lists the denominator categories. Employees are defined as all person receiving a direct paycheck from the healthcare facility, and this is regardless of clinical responsibility for patient contact.

The second denominator category consists of non-employee licensed independent practitioners, specifically physicians, advanced practice nurses, and physician assistants who are affiliated with the healthcare facility but are

not on the facility's payroll. And again, this is regardless of clinical responsibility or patient contact. This category also includes post residency fellows.

The third required category consists of non-employee, adult students, trainees, and volunteers who are aged 18 and over. This is defined as medical, nursing, or other healthcare professional students, interns, medical residents, or volunteers aged 18 or older that are affiliated with the healthcare facility, but are not on the facility's payroll. .

The fourth denominator category consists of non-employee contract personnel. Reporting for this category is optional at this time. Contract personnel are defined as persons providing the care, treatment, or services at a facility through a contract and who do not fall into any of the other denominator categories. Some examples include occupational therapists, admitting staff, and pharmacists.

Please refer to Appendix A in the healthcare personnel safety influenza vaccination summary protocol for a suggested list of contract personnel. If a facility decides to report contractor data it can show which categories of contract personnel are included in their data by using the comments function in NHSN. And this will be noted later in the presentation.

The numerator includes healthcare personnel who received an influenza vaccination during a time when the vaccine became available, for example August or September, through March 31 of the following year. There are five numerator fields in the NHSN module, and these are mutually exclusive. This slide shows the numerator categories as they appear on the healthcare personnel influenza vaccination summary form.



The categories include influenza vaccination received at the healthcare facility or elsewhere, medical contra indications, declinations, and unknown vaccination status. The first numerator category is healthcare personnel who received an influenza vaccination either at this healthcare facility or elsewhere. Please note that these are two separate fields in the NHSN module.

The first field includes healthcare personnel who received an influenza vaccination at the healthcare facility since the vaccine became available this season. The second field includes healthcare personnel who are vaccinated outside the healthcare facility since influenza vaccine became available this season, and provided a written report or documentation of influenza vaccination.

Acceptable forms of documentation include a signed statement or form, or email from the healthcare worker, or a note, receipt, or vaccination card from the outside vaccinating entity. Please note that (unintelligible) verbal statements are not acceptable for the module.

The second numerator category is healthcare personnel who have a medical contraindication to influenza vaccine. For this measure, for inactivated influenza vaccine, accepted contraindications include a severe allergic reaction after a previous vaccine dose or vaccine component, including egg protein, or a history of GBS syndrome within six weeks after a previous influenza vaccination.

Healthcare personnel who have a medical contra indication to live attenuated influenza vaccine other than a severe allergic reaction to a vaccine component or history of GBS within six weeks after a previous influenza vaccination should be offered inactivated influenza vaccine by their facility if that's available.

Therefore, the medical contraindications stated above are the only accepted contraindications for the module. Documentation is not required for reporting of medical contraindications, and verbal statements are acceptable. The third numerator category is healthcare personnel who are offered and declined to receive influenza vaccine.

Documentation is not required for reporting declinations. The fourth numerator category is healthcare personnel with unknown vaccination status, or they did not meet any of the criteria for the other numerator categories. So this slide reviews a few points about the reporting requirements. Facilities are only required to report data once at the conclusion of the reporting period. And this is from October 1 through March 31.

Healthcare personnel who are physically present in the healthcare facility for at least one working day between October 1 through March 31 are included in the denominator because October 1 through March 31 is a reporting period. Therefore, healthcare personnel always working off site or out of state should not be counted since they are not physically working in the facility.

Healthcare personnel in the denominator population who received an influenza vaccination during the time from when the vaccine became available, for example, August through September, through March 31 of the following year are counted as vaccinated. This is because influenza vaccine for a given influenza season may be available as early as August or September.

Please note that the denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories. So, for example, if you have a total of 20 healthcare personnel

working at your facility, then you may report that 12 healthcare personnel are employees, six are licensed and independent practitioners, and two are adult students, trainees, and volunteers.

It's important to remember that the numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each healthcare personnel group. So, for example, if there are 25 employees working at your facility you may report that 15 received the influenza vaccination at the healthcare facility, five employees received vaccinations outside of the facility, and five employees declined vaccination.

Now, I will turn things over to my colleague (Christy Lines) and she'll be reviewing the remaining slides for this Webinar.

(Christy Lines): Thank you (Elizabeth). My name is (Christy Lines) and I work as a contractor and the division is healthcare quality promotion at CDC. We will now go over data entry in NHSN. After a facility has enrolled in NHSN or has activated the healthcare personnel safety component, and added users, the staff members at each facility must complete two required forms.

The healthcare personnel safety component reporting plan form and the healthcare personnel influenza vaccinations summary form. The seasonal survey on influenza vaccination programs is not required. However, facilities are encouraged to complete the short survey as the information will be very helpful for CDC.

The survey aims to gather information on influenza vaccination programs for healthcare personnel by collecting data on types of personnel groups that are included in the facility's annual influenza vaccination campaign, the messages the facility is using to deliver this influenza vaccine to its healthcare

personnel and the strategies the facility uses to promote or enhance healthcare personnel influenza vaccination.

Now, we will go over how to navigate through NHSN. You can access the activity homepage by clicking on the link listed on this slide. You will then need to enter your SAMS username and password, followed by your SAMS grid card numbers. If you have questions or need assistance using SAMS, please contact the SAMS helpdesk toll free by phone or by email using the information listed here.

This slide shows the NHSN landing page. Select the appropriate component, the healthcare personnel safety component, and facility from the dropdown boxes. Next, click submit to proceed. While you are navigating through NHSN, use the NHSN buttons, but not the Web browser buttons. While navigating through NHSN you can always see which facility, user, and components are in use at the top of the screen.

This slide shows the healthcare personnel safety component homepage. You will see that there is a navigation bar on the left hand side of the Web page, which you will use to access different parts of the module. The monthly reporting plan collects data on the modules that the facility plans to participate.

Influenza vaccination summary should be selected for the plan and information is automatically updated for the entire influenza season as defined by NHSN as July 1 to June 30. After the initial monthly reporting plan has been added for that influenza season, the user will not need to add any other reporting plans. Please note that the monthly reporting plan must be completed once each influenza before any influenza vaccination summary data can be entered.

Please note this slide shows what dialysis facilities will see on their screen in NHSN when adding a monthly reporting plan. To add a monthly reporting plan, click reporting plan, and then add on the navigation bar, and select the correct month and year from the dropdown menus. The user should check the box next to influenza vaccination summary under the healthcare personnel vaccination module.

After making the appropriate selection, the user must click save. Each facility will use the healthcare personnel influenza vaccination summary form to collect summary data. The NHSN module contains a single data entry screen to input summary data for each influenza season. When a user enters data, all previously entered data for that season will be overwritten.

A modified date will be auto-filled by the system. Therefore, if a facility would like to keep track of its monthly numbers, it should maintain its own record of this, as you will not be able to review monthly reporting numbers in NHSN. CDC and NHSN encourage healthcare personnel influenza vaccination summary counts be updated on a monthly basis.

However, as mentioned earlier, entering a single influenza vaccination summary report at the conclusion of the measured reporting period will meet the minimum date of requirements for NHSN participation. The user will see that the NHSN data entry screen is set up similar to the layout of the healthcare personnel influenza vaccination summary form.

Question one on the form pertains to the denominator, while questions two through six pertain to the numerator. The table of instructions for the influenza vaccination summary provides instructions and complete definitions for each data field, for the denominator and the numerator categories in the

module. This document is located within the influenza vaccination summary protocol.

This slide highlights the employee category. The user can see the definition of an employee in the right hand column. To enter summary, data go to add, under flu summary, on the navigation bar, click continue to proceed as influenza vaccination summary data appears as the default option on the dropdown menu. Please remember that you will not be able to enter summary data until you have first added your monthly reporting plan.

This what dialysis facilities will see on their screen in NHSN when adding influenza vaccination summary data. You must complete all fields marked with an asterisk on this page. Influenza and seasonal are the default choices for vaccination type and influenza sub type. The user would then select the appropriate flu season in the dropdown box, for example, 2015 to 2016.

This slide shows what the data entry screen looks like in an NHSN module. The asterisk on the screen indicate the columns that must be completed. Users can use the tab key on the computer keyboard to move across columns. Users should enter zero in a field if no healthcare personnel at the facility fall into that category.

Staff members at facilities can use the custom field function for data they'd like to collect and analyze consistently, such as additional detail on specific types of healthcare personnel. The comments box can be used to enter additional information, which are usually side notes or reminders. However, the information may not be analyzed.

If your facility would like to track subsets of individuals within NHSN, such as nurses and physicians, the custom field can be used to keep a separate

count for your own purposes. Using the custom field function is optional, and we will briefly review the steps using this. First, go to customized forms, under facility, on the navigation bar.

You should make sure that the mandatory fields or form types, forms, description and status are completed. Next, you should enter a label or variable name for the custom field. You will also select the type of each custom field, which will be alphanumeric, numeric, or date fields. After this, you will designate whether each field is active or inactive.

Active indicates that the custom fields will be available for use on the form. Inactive indicates the user will see the custom field, but it will not be available for use. Lastly, you should click the save button when finished. After clicking save, a message will appear at the top of your screen indicating that the custom fields have been successfully updated.

The user will now be able to see the custom fields at the bottom of the data entry screen. For each update of the influenza vaccination summary data, after the initial entry, you will see a message at the top of the screen indicating that a record of the summary data already exists. The date last modified shows when the data was last entered and saved.

Click edit at the bottom of the screen to modify existing data. Once complete, be sure to save the updated data by clicking the save button at the bottom of the screen. You should see a message confirming that your data has been saved. This will appear at the top of your screen. The date last modified will also be automatically updated by NHSN.

We will now talk about submission of your healthcare personnel influenza vaccination summary data. Facilities are only required to report data once for

the entire reporting period, which is from October 1 through March 31. The deadline to submit final data for the influenza season is May 15. Data submitted after this date will not be transmitted to CMS.

Facilities are given the option to review their data that will be sent to CMS. To access the data in NHSN, please use the link listed on this slide to obtain instructions on generating the report. We will now go over the data analysis features for the healthcare personnel influenza vaccination summary. To view data, go to generate data set, under analysis, on the navigation bar, click generate new, and select okay when a message appears on your screen that says the current data sets will be overwritten. Are you sure you want to continue?

Users should generate a new data set after each time they enter new data into the system. Next, go to output options under analysis on the navigation bar, you will see several folders on the screen. Click on the HCW module folder, then the influenza folder, and the CDC defined output folder. To view the default options, click run to see the total numbers or summary counts, percentages, vaccination compliance figures, and vaccination non-compliance figures.

In the summary count report the user has the ability to view totals listed by influenza season and by variables. This example shows that 400 employees worked during the required time period during the 2011/2012 influenza season while 25 employees worked during the required time period during the 2012/2013 influenza season.

Two overall totals were presented; one number includes the total number of healthcare personnel working without other contract personnel, which is 420 healthcare personnel for the 2011/2012 influenza season. Another number



shows the total number of healthcare personnel working with other contract personnel, which is 427 healthcare personnel for the 2011/2012 influenza season.

Please note that reporting contract personnel is not currently required. Therefore, it's fine if zero is entered for the number of contractors even if there are contractors working in a given facility. Facilities can join the NHSN Web site using the link on this slide. The Web site contains links to the protocol, data collection forms, frequently asked questions, comprehensive training slides, and recorded training for healthcare personnel influenza vaccination summary reporting.

If you have any questions about NHSN, please send an email to user support at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). You should also include HPS flu summary in the subject line of the email and specify that you are an outpatient dialysis facility as this will help us to better assist you. This concludes the slide presentation for the Webinar. Now, we will have the opportunity to take questions.

Coordinator: The phone lines are now open for questions. If you'd like to ask a question over the phone, please press star 1 and record your name. If you'd like to withdraw your question, press star 2. Thank you. The first question in the queue is from (Paula) your line is now open.

(Paula): Yes. I wanted to ask if we have (unintelligible) employees that are put in by their own facility for their flu, do we have to put them in ours as well?

(Elizabeth): Thanks for your question. This is (Elizabeth). Now, are these employees paid through another contract mechanism?

(Paula): No. It's like we have float arias that belong to one clinic, but they may come to your clinic when you're, and PCTs, that come to your clinic to help out when you're short, or we also have doctor groups that cover like three or four different facilities.

(Elizabeth): Okay, and these individuals are being paid by your facility is that correct?

(Paula): Yes.

(Elizabeth): Okay. So, if they're being paid directly by your facility, you would count them as long as they're working in your facility for one day or more during the reporting period, and that reporting period is October 1 through March 31.

(Paula): Even if they reported in their own facility?

(Elizabeth): Yes. That's correct because you would need to count a person, let's say if they work in three different facilities for at least one day during the reporting period, then each facility would count that person.

(Paula): Okay. Thank you.

(Elizabeth): Sure.

Coordinator: The next question in the queue is from (Jennifer). Your line is now open.

(Jennifer): Hi. Thank you. My question is about whether or not there is going to be a QIP report that will define whether or not we've done that so that we can double-check before it goes in? Or do we need to go into those line listings?

(Elizabeth): Christi, do you have any information on that?

(Christy Lines): Yes. Thank you. We just got an update that a QIP report that has been in development will fill into production. You will be able to see it after September 15. It's going to go in overnight on the fifteenth so a new data set that you generate on the sixteenth should allow you to see a clip line listing on the output option screen inside the healthcare personnel safety component.

(Jennifer): Great. Thank you.

Coordinator: The next question is from (Cathy). Your line is now open.

(Cathy): So, this actually is just off of the first question, of hospital-based units have several different outpatient facilities and the staff actually work at any of the facilities they would all be reported at each facility.

(Elizabeth): And yes that's correct. If they meet NHSN protocol definitions and they're working in that facility during the reporting period, then you would need to count them for each facility.

(Cathy): Okay. Thank you.

(Elizabeth): You're welcome.

Coordinator: The next question is from (Linda). Your line is now open.

(Linda): Hi. I hope I'm not beating a dead horse, but we have physicians that round here, but they're actually with their physicians group and they aren't paid by us, they just round on their patients here. So would we count them as part of our group here?

(Elizabeth): Yes. If they're physicians but they're paid through another contract, then you would count them in the licensed independent practitioner category, and that's if they work one day or more during the reporting period.

(Linda): Okay, and then also another question was this recorded because my Java was not compatible so I could never load the presentation, so I wasn't able to actually view it?

(Elizabeth): Yes. We'll be posting a recording on the CDC Web site in one to two weeks. And then we also have our slides that are posted on the NHSN Web site so you can access them.

(Linda): Okay. Great. Thank you.

(Elizabeth): Sure.

Coordinator: The next question is from (Antoinette). Your line is now open.

(Antoinette): Hello. I am at a unit that's not licensed yet, so does that mean I cannot, I'm not to make a report yet then right?

(Elizabeth): Are you saying that you're not...

(Antoinette): We're not licensed yet, the unit, so this is a new unit that's not licensed yet, so that means I have no access to report yet, right?

(Elizabeth): If you're not licensed yet then by CMS then you're not required to report...

(Antoinette): Okay.

(Elizabeth): ...right now.

(Antoinette): Thank you.

Coordinator: The next question is from (Rachel). Your line is now open.

(Rachel): I believe my question was just answered. I just wanted to find out how we get a copy of the slide so I can kind of print them off and keep them?

(Christy Lines): This is (Christy). I just want to add one more piece of information, (Elizabeth) mentioned that an answer to your question that our slides are online. I want to speak to the previous question, which was about eligibility to report based on licensing. If your facility ends up being CMS certified, that is if you have a CMS survey occur before January 1, 2016, then your facility will become eligible to report data for the 2015-2016 flu seasons by May 15, 2016.

Coordinator: The next question in the queue is from (Terry). Your line is now open.

(Terry): Hi. I'd just like clarification. If I have a physician who is employed by the hospital, which category does he go in?

(Elizabeth): If the physician is receiving a direct paycheck from the hospital, then he/she would be categorized as an employee. If they're receiving a paycheck from another facility, then they would be counted as a licensed independent practitioner.

(Terry): Okay. So, for the physicians that are paid from the hospital, they should come out of the, they should not be reported in the numerator or the denominator of the licensed independent practitioners?

(Elizabeth): Yes. That's correct.

(Terry): Okay. Thank you.

(Elizabeth): You're welcome.

Coordinator: The next question is from (Christy). Your line is now open.

(Christy): Hi. Actually, I have two things, one I guess when I was recording my name I missed the last part of that question about the providers being paid from the hospital. Could you say that again really quick?

(Elizabeth): Yes. If a physician is being paid directly by the hospital, then he/she would be counted as an employee, but if they are working at the hospital through a contract mechanism, then that physician would be counted as a licensed independent practitioner.

(Christy): Okay. Gotcha, because we're hospital based outpatient, and so we would, we're all paid through the hospital; so then we're all considered employees, correct?

(Elizabeth): Okay, you're saying that everyone, the outpatient facility, (unintelligible) facility you would be working, or is being paid by the hospital?

(Christy): Yes ma'am.

(Elizabeth): Okay. Then they would be considered employees.

(Christy): Okay that's what I figured. So, my other question, just I want to clarify for reporting purposes to make sure that I understand, we do not, we're only

required to enter one month, but if we wanted to enter every month we could, is that correct between October to May?

(Elizabeth): Yes. That's correct. One thing just to keep in mind is that when you enter your data into NHSN, the data from a new month will override the data from the previous month. So let's say you're reporting your September and October data in November, so the data you put in November will override your September and October data.

So, if you would like to keep track of your numbers, we suggest that you just keep it separately on a spreadsheet, and that's how the system is set up. So, it's just something to keep in mind but it's something that's not required.

(Christy): Okay. So, if we kept, okay so if we do it, I mean we're a very, very small unit, so like if I just wanted to do it monthly, I'm not going to be able to see it on a monthly basis, but what gets reported in the end to CMS is the total, is that correct, even if I report monthly?

(Elizabeth): Yes. That's correct. When we send a file to CMS, they'll just see your total comprehensive numbers for the entire flu season. So they'll be seeing essentially one set of numbers.

(Christy): Okay.

Coordinator: The next question in the queue is from (Patricia). Your line is now open.

(Patricia): Yeah. I just want to get a little bit more clarification regarding, I have eight facilities that report out from their hospital base. When I do one in NHSN I have a grouping category that I can select and that's how I export my reports is from that grouping line. But, when I'm actually entering the flu information

I would be entering it for each of the eight facilities and then need to track which staff go from which facility to which facility from October through March, or am I going to be able to enter it as these are all of our staff members underneath our entire grouping, which includes those eight facilities.

(Elizabeth): And okay just to get some clarification, are you talking about using the group function in NHSN, or?

(Patricia): Yep. That's correct. I have a group function and then I also have each of my eight categories, each of my eight facilities listed.

(Elizabeth): Okay. Christi, could you speak about the group function?

(Christy Lines): Unfortunately, no data can be entered from the group level it can only be viewed and analyzed. If the eight facilities have eight unique CMS certification numbers, then they would need to report separately in order to be able to receive credit from CMS for reporting.

(Patricia): So, if our eight facilities and staff go from facility to facility and transfer back and forth, then we need to keep track of their progression between each facility and so some staff members may essentially be counted eight times at each of the eight individual facilities?

(Elizabeth): Yes. That's correct. We're basically wanting to see the numbers of healthcare personnel at each facility, so let's say if someone works across all of the facilities, then yes that person would be counted in the numbers for each of the eight facilities.

(Patricia): Thank you.



(Elizabeth): Sure.

Coordinator: Next question in the queue is from (Josephine). Your line is now open.

(Josephine): Yes. I wanted to know if it's better if you report let's say in the month of October we give all our patients the influenza injection, count that number and then as new patients come in, add that number, add that number of new patients in let's say December?

(Elizabeth): This is (Elizabeth). That is one way you can do it. I know different facilities have established different tracking mechanisms, just based on the size of their facility but, if you feel like it's easier to collect the data initially and then, keep track of who leaves and who enters the facility and update it that way then that should be fine.

(Josephine): So, let's say the month of October I have 100 patients, all of them receive the influenza vaccine, then in November I got two more patients, two new patients that came in, and they received it but two patients died, how do you?

(Elizabeth): Well this is actually influenza and vaccination for healthcare personnel.

(Josephine): Oh, right.

(Elizabeth): So you would just be counting healthcare personnel, you know, receiving vaccinations...

(Josephine): Right, so the initial, we have to report for patients also correct?

(Elizabeth): For this module we're just looking at healthcare personnel reporting. So this requirement does not cover patient influenza vaccination status.

(Josephine): Okay. All right then thank you.

Coordinator: The next question is from (Candy). Your line is now open.

(Candy): Hello.

(Elizabeth): Hello.

(Candy): Hi. This is (Candy). I have a question for clarification. We have an acute dialysis inpatient unit that will be adding pediatric outpatient services, probably by the end of the year. The entire dialysis staff is contract personnel. So, does that mean that in this instance then, the contract before was said to be optional, but in this instance it would not be. We would need to report it?

(Elizabeth): Now, these contract personnel, does that include like any licensed independent practitioners like physicians, advanced practice nurses or physician assistants?

(Candy): You know, I need to clarify that. The physicians would in fact be both LIPs in the facility anyway on different services as well as associated with the actual contract services. I would say the majority of the contract staff are going to be RNs, technicians...

(Elizabeth): Mm-hmm. Okay. So, if they're all contracted then, you know, you would need to identify the LIPs and report data on them, and then any of the other contract personnel who are not considered licensed independent practitioners would fall into that optional category.

(Candy): Okay. But, my question is then we would be required to report them? It really wouldn't be optional for us?

(Elizabeth): Well, you'd be required to report the licensed independent practitioners, and then, if you don't have any employees or adult students, then you still have to fill out a report, but just put zeroes for that.

(Candy): Okay. Okay. Thank you.

(Elizabeth): Sure.

Coordinator: I'm showing no further questions at this time.

(Elizabeth): Okay. Well, thank you to everyone who participated today, and if you think of any other questions or concerns that come up, feel free to email us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and we'll get back with you.

Coordinator: This concludes today's conference. Thank you for your participation. You may disconnect at this time.

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